

COMPARISON CHART

MEDICARE SUPPLEMENT COVERAGE

COMPANY	PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
					PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PLANS				
NAME	PLAN	MONTHLY PREMIUM	** COMPANY DENIES COVERAGE FOR MEDICAL REASONS	* PRE-EX MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	

* PRE–EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY. (See Guide to Health Insurance for People with Medicare.)

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)